



WATER AND SEWER DEPARTMENT

SERVICE TERMINATION FORM

June 2021 form

Applicant please print all information below.

Date Service to be Terminated / Cut-off & Lock to be Completed: _____

Name on Account: _____
First MI Last

Service Address: _____
Street Address City State Zip

Forwarding Address: _____
Street Address City State Zip

Forwarding Telephone Number: (_____) _____

Verify Drivers License #: _____

Revert back to Owner or Management Company:

For Owners

- ☐ Owner of the property? If YES
- Has the property been sold?
 - If NO, customer will be responsible for stormwater services until property has been sold,
 - If YES, New Owner's Name: _____
Address: _____

For Renters/Leases

- Revert back to Management Company/Owner –
Name: _____
Address: _____

☐ I understand that I will be responsible for paying all water, sewer, sanitation and stormwater bills generated up to the date I requested (above).

Management
Companies:

Addison @
Cobblestone

Clarendon Place

Hightower Apt

Glencoe Apt

Napali Seven,
LLC

Weatherly Walk

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:

Print Name: _____ Date: _____

Signature of Applicant: _____

Office Use ONLY

Phone Request Taken By: _____ Date: _____ Time: _____

Account Number: _____